

**BI**

**MILITARY PAY CHECKLIST**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ SSN: \_\_\_\_\_

**Date Signed In:** \_\_\_\_\_ **PACIDN:** **HH13VZ6A/B**

DD 1351-2 Travel Voucher (**1 Copy**) \_\_\_\_\_

DA 31 Leave Form (**1 Original**) \_\_\_\_\_

DA 4187 RNA/BAS (Applies to Enlisted) \_\_\_\_\_

DA 4187 (COLA) Cost of Living Allowance  
States Eligible: CA, CT, IL, MA, MI, NJ, NV, NY, PA, WA \_\_\_\_\_

DA 5960 BAQ/VHA Certificate (**Original**) \_\_\_\_\_

Quarters Assignment/Termination (As Applicable) \_\_\_\_\_

DA 4187 Single Rate w/statement of non-availability \_\_\_\_\_

Orders/Amendment (**1 Copy front & back**) \_\_\_\_\_

**IF THE FOLLOWING IS APPLICABLE:**

DA 3685 (JUMPS-Pay Election) & SF 1199A (Direct Deposit)  
For Pay Option Change \_\_\_\_\_

DD 2558 – Authorization to Start, Stop or Change Allotment \_\_\_\_\_

DD 2560 – Advance Pay Request (include Orders & DA 31) \_\_\_\_\_

DA 1561 – Family Separation Allowance (include orders) \_\_\_\_\_

Other Forms included: \_\_\_\_\_

Make sure all blanks are checked off or write in “N/A”.

Program Managers : Comm (210) 221- xxxx [ ] Mrs Sarabia – 1- 3243 [ ] Mr Gutierrez – 1-3153  
DSN: 471- xxxx [ ] Enlisted – 1-5582 [ ] Ms Lara – 1-5725  
[ ] Mrs Prescott Supervisor 1-1637

**Submit this Military Pay Checklist, along with your In-Processing documents.  
Make a copy of In-Processing documents submitted for your records.**